

Matching Report

Attach to A-19

Contract #: _____

Person Completing Report: _____

Contractor: _____

Telephone: _____

Reporting Period: _____

Budget Line Items	State Share to be Reimbursed*	Local Cash Match		In-kind Contributions	Totals
		Federal Expenses	Non-federal Expenses		
Personnel					
Personal Services					
Project Related Expenses					
Travel					
Other:					
Totals					

*These figures should match your A-19.

Please list actual expenditures for this reporting period only. CTED will compile data for cumulative totals.
For further information regarding matching requirements, refer to the Contractor's Management Guide.

NOTE: You do not need to match each line item dollar-for-dollar, but contribute a 1:1 match to the total amount.

Please use this form to document match. If you presently use another format, we may be able to accept that in lieu of this form. Contact Kathleen Kannas at 360/725-4055 to review your format.